

PLACE OF BIRTH

1. County of Pima
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142^e
County Registrar No. 710
Local Registrar No. _____

No. 12 Depot Hill
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Lorenzo Estrada
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth June 28, 1926
Month Day Year

8. FATHER
Full name Francisco Estrada

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Clifton
(State or country) Arizona

13. Occupation miner
Nature of industry mining

14. MOTHER
Full maiden name Tomasa Mendoza

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Guerrerra, Chih
(State or country) Mex.

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4¹⁵ A.M. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byril M. Brown (Physician or midwife).
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____ Filed July 13, 1926 B. E. Dring Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar.

351-628-341